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☐ An additional fee is required, and is calculated as shown below:

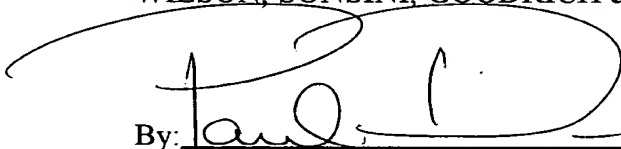
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	12	MINUS 20=	0	x \$22 =	0.00
Independent Claims	1	MINUS 3 =	0	x \$80 =	0.00
If Amendment adds multiple dependent claims, add \$260.00					0.00
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					0.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

- ☐ A check in the amount of \$\_\_\_ is enclosed.  
☐ Charge \$\_\_\_ to Deposit Account No. 23-2415.

The Commissioner is hereby authorized to charge any fees that may be required by this paper to Deposit Account No. 23-2415 (Docket No. 15867-705). A duplicate of this paper is enclosed.

Respectfully submitted,  
WILSON, SONSINI, GOODRICH & ROSATI

Date: 12/16/96

By:   
Paul Davis, Reg. No. 24,294

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